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vitalsigns

A Quarterly Report from the
Wright State University School of Medicine

Spring 1986



**THE
LONG
WEEK
-END**

On the Cover

The Weekend Intervention Program (WIP) at Wright State University School of Medicine provides an intense environment in which people can begin to confront personal patterns of alcohol and drug abuse. The long weekend is also a required learning experience for Wright State medical students. See the story beginning on page 12. Cover design by Cynthia M. Poe.

vitalsigns

Spring 1986

Volume 12, Number 2

School of Medicine Administration

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Vitalsigns is published quarterly by the Wright State University School of Medicine, Office of Communications and Events, Dayton, Ohio 45435, and is free to interested readers.

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School of Medicine

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**WRIGHT
STATE**

Wright State University
Dayton, Ohio 45435

Computer Applications in Medicine



John B. Matthews, M.D., assistant clinical professor of emergency medicine, assists second-year medical student Gary Leroy during the first "Computer Applications in Medicine" course.

Even though they are a lot heavier than the physician's traditional black bag, some personal computers are intended for portable use. Students and faculty participating in an innovative computer literacy course at Wright State University School of Medicine can borrow a personal computer and take it home or to the office in the same way that they would borrow and use a library book. Many who have taken the course agree that the personal computer could become as familiar and as indispensable to physicians as the tools once carried in the black bag.

The first "Computer Applications in Medicine" course was offered as a selective last December to twelve first- and second-year medical students. Each student borrowed a computer from the Health Sciences Library for personal use throughout the intensive, two-week course. Unlike more traditional courses, classroom lectures were integrated with "hands-on" experience in a computer lab. The students used their computers throughout the day-long classes to work on examples and problems presented by the course instructors. The students were also encouraged to take the computers home at night and over the weekend to complete assignments and to go beyond the material presented in class.

"Computer Applications in Medicine" was developed by Roger M. Siervogel, Ph.D., Fels professor of pediatrics, and Anthony J. Parisi, Ph.D., associate professor of postgraduate medicine and continuing education. They were joined by eight other School of Medicine faculty and staff¹ who helped develop tutorial lessons covering five basic applications of personal computers—word processing, graphics, database management, spreadsheet programs, and telecommunications.

Each of the computer applications was illustrated with examples that were specifically related to the practice of medicine, but Dr. Siervogel emphasizes that the course was not intended to teach medicine. "The purpose of this course

1. The other course instructors were Dennis D. Barber, M.D., associate professor of obstetrics and gynecology; Paul G. Carlson, Ph.D., associate professor of postgraduate medicine and continuing education and associate director for student affairs; Mary B. Faulkner, M.S.L.S., Health Sciences Library reference/interlibrary loan librarian; John B. Matthews, M.D., assistant clinical professor of emergency medicine; Sidney F. Miller, M.D., associate clinical professor of surgery; and J. Robert Suriano, Ph.D., professor of microbiology and immunology and associate dean for student affairs/admissions. Additional course materials were developed by H. Bradford Hawley, M.D., associate professor of medicine, and Gordon S. Walbroehl, M.D., associate professor of family practice.

is to introduce medical students to personal computers so that they will become comfortable with them and so that they will be better prepared to use computers in their studies and later in their practices."

"By offering a similar course to faculty members of the School of Medicine, we're also hoping that more faculty will become familiar with the capabilities of personal computers as teaching tools, and use them in their classes," Dr. Parisi says. "If medical students see their professors using computers, the value of this new technology to physicians will be reinforced in the students' minds."

The course was also intended to demonstrate how widely used, "off-the-shelf" computer programs can be adapted for medical applications. For example, the spreadsheet program, which is commonly used for financial planning, was adapted to calculate drug dosages for burn patients based on patients' ages, body weights, and body surface areas. This application was developed by John Matthews, M.D., assistant clinical professor of emergency medicine.

A spreadsheet program organizes quantitative information on the computer screen into columns and rows that resemble an accountant's ledger. Each cell, as the spreadsheet column is called, represents a variable that can be defined to fit specific applications, and the spreadsheet user can also define formulas that relate one cell to another. Once the formulas are established, any number in any cell can be changed, and the spreadsheet program will recalculate the values of numbers in every other cell.

Another spreadsheet problem was developed by Paul Carlson, Ph.D., associate director for student affairs. The problem was based on financial data collected from the private practice of a Wright State graduate. "The expenses and income from one year of this private practice were plugged into the spreadsheet," Dr. Siervogel explains. "Using this as a model, the students had to determine how many patients they would see in a day, how much they would charge each patient, and how many days of work would be required in a year, in order to make x number of dollars a year. That was very enlightening to the students."

"We didn't anticipate that by the end of the two weeks, the theme of the course would be integration of the different applications," Dr. Siervogel says. "We conducted daily evaluations, and on day one most of the students reported that, while they had fun, they were overwhelmed by the



Produced on a laser printer, this digitalized rendering of a photograph illustrates one of many computer graphics applications. Shown above are Tony Parisi, Ph.D. (left), and Roger Siervogel, Ph.D., who developed the "Computer Applications in Medicine" course.

amount of material covered that day. By day three, they were comfortable with the material, and it was clear that they were moving at a pace that exceeded our expectations. So we added problems that required the integration of information from one program into another."

As a final exam problem, the students were asked to retrieve information from a database that contained clinical data from 300 patients. Next, they had to transfer the information to the spreadsheet program. Using the spreadsheet's graphics capabilities, they then presented the patient information in the form of a bar graph. Finally, they had to transfer the bar graph into the word processing program and write a memo describing the findings.

"In one sitting, the students had to integrate four of the five major computer applications. Every student in the class was able to do that in less than the amount of time allotted for the problem," Dr. Siervogel continues. "We were very surprised and gratified by that, because we didn't expect students to go that far in just ten days."

Dr. Siervogel and Dr. Parisi trace the origins of "Computer Applications in Medicine" to their experience in Apple-Dayton, Inc., one of the larger independently organized computer users groups in the country. "I joined Apple-Dayton about five years ago when I bought a personal computer for my children," Dr. Siervogel recalls. "Eventually, my kids had to compete with me for computer time, and I discovered that there were a number of other School of Medicine faculty who were active in Apple-Dayton. We found that we had a common interest in computers, and we were using them more and more in our professional work. The Apple-Dayton group now meets regularly on the Wright State campus."



Student assistant Andrea Arnold works at one of the computer carrels in the Health Science Library's Computer Education Center.

The sharing of computer expertise in the users group led to a day-long continuing medical education (C.M.E.) course organized by Dr. Siervogel in 1983. Taught mostly by faculty and physicians who belonged to Apple-Dayton, the course focused on the uses of personal computers in private medical practice. "Almost a hundred physicians from the Dayton area came out for that course," Dr. Parisi says. "It demonstrated to us that there was a need among practicing physicians for both computer literacy courses and more advanced courses."

Two years ago, Dean William D. Sawyer requested that School of Medicine faculty develop proposals for innovative programs in undergraduate medical education. Because formal computer training had not previously been included in the medical curriculum, Dr. Siervogel and Dr. Parisi proposed adding the selective "Computer Applications in Medicine." They reasoned that basic computer literacy, but not necessarily programming learned in traditional computer courses, is rapidly becoming an indispensable skill for physicians.

"We thought that the best way to teach computer literacy was to enable each student to have the direct use of a computer throughout the course," Dr. Parisi adds. "We wanted students to see the computer as another learning

tool, one that they could check out from the library and use the same way they would check out any other learning resource, such as a microscope, a videotape, or a textbook."

Evaluations conducted during the pilot course indicate that the students agreed with these intentions. The opportunity to check out a computer and use it outside of class was rated highly (an average rating of 4.67 on a scale of 1 to 5). The students took their computers home an average of 7.25 nights during the two-week course. Many students indicated that using the computers outside of class encouraged them to experiment and to learn by trial and error. One student wrote, "Knowing how most computer courses work (long lines and crowds), I know that if I hadn't been able to check the computer out, I would have done just the bare minimum of required work."

The Computer Education Center, located adjacent to the Learning Resources Center in the Health Sciences Library, serves as the circulation base for the personal computers and for programs used with them. The specially designed center also provides noncirculating personal computers that are available for School of Medicine student and faculty use weekdays between 8 am and 8 pm. The Computer Education Center has twelve phone lines dedicated for telecommunications use, enabling computer users to conduct their own on-line bibliographic searches in a number of nationwide computer databases. According to learning resources librarian Barbara Aguilar, only a few other libraries in the country now offer "in-house" access to personal computers to the public. The Health Sciences Library may be the first in the country where computers and software for special course work can be checked out for use outside the library.

"Computer Applications in Medicine" will be offered to first- and second-year medical students in each of the three selective periods during the academic year. The course will be offered between selectives to School of Medicine faculty and staff. In the future, Dr. Siervogel and Dr. Parisi hope that the course can be expanded to accommodate more students and faculty per class. They also hope to establish an electronic "bulletin board" network that will enable telecommunication among School of Medicine faculty and students with personal computers.²

One student who completed "Computer Applications in Medicine" summed up the need for the course this way: "Let's face it, computers are here to stay. For a physician to be computer illiterate is not only going to become increasingly bad business—it may also become bad medicine." ☎

2. Faculty, staff, and students at Wright State University are eligible for educational discounts on a variety of computer products. For more information, contact the university's personal computer coordinator at 873-4032.

Graduate and Postgraduate Education

Good Samaritan's Affiliated Family Practice Residency Program

Editor's note: This is the sixth in a series of articles surveying graduate medical education programs associated with the Wright State University School of Medicine.

"Disease is only a part of life—in family practice, we treat the whole family, for the whole of life," explains Michael Bosworth, D.O., director of the Affiliated Family Practice Residency Program at Good Samaritan Hospital and Health Center (GSHHC). "If one member of a family comes into the office, automatically we are taking care of the family," says Dr. Bosworth. "We take care of the children, the parents, the grandparents, the whole family." Dr. Bosworth is an assistant professor of family practice at Wright State University School of Medicine.

The Affiliated Family Practice Residency Program, administered by the hospital in a partnership with the School of Medicine, trains residents to treat each patient in the context of the family. The three-year residency is based at GSHHC's Family Practice Center, where residents practice under the direction of Dr. Bosworth and associate director Sean Convery, M.D., who is also an assistant professor of family practice. A 1981 graduate of Wright State School of Medicine, Dr. Convery maintained a private practice in family medicine before joining the full-time faculty.

The program is designed to provide residents with the broad range of skills necessary to provide comprehensive, primary care in a family practice setting, Dr. Bosworth says.

The Family Practice Center functions as an independent private medical office under the guidance of family physicians and a full-time psychologist on the hospital's teaching and visiting staff. In addition to Dr. Bosworth and Dr. Convery, other faculty members from the Department of Family Practice and private practitioners from the community fill monthly rotations as attending physicians at the Family Practice Center.

While the residents receive extensive hands-on training in a variety of subspecialties, the unique feature of a family practice program is the responsibility given to residents to



(Top) Family practice resident George Herman, M.D., examines patient Belinda Stiles's ear. Looking on are Belinda's mother, Patricia, and associate program director Sean Convery, M.D. (Bottom) Residency director Michael Bosworth, D.O. (left), points out an x-ray diagnostic sign to third-year medical student Philip Carroll during his clerkship rotation at the Good Samaritan Family Practice Center.

care for the families seen in the Family Practice Center's model office. The five first-year residents devote two half-days each week to seeing patients in the center. Second- and third-year residents (also five at each level) spend three half-days per week at the center.


"The first year of the residency is an inpatient experience for the most part, but the second and third years are increasingly oriented to providing outpatient care," Dr. Bosworth says. "There is more emphasis on training in the family practice office than in any subspecialty," he adds, "because family practice is primarily an office experience."

While gradually developing a panel of patients, the first-year family practice resident completes a four-month rotation in internal medicine; two months each in obstetrics and gynecology, surgery, and pediatrics (at The Children's Medical Center); and one month each in emergency medicine and outpatient orthopedics.

During the second residency year, three months are devoted to internal medicine; two months each to obstetrics and gynecology, and outpatient pediatrics; and one month each to psychiatry, dermatology, radiology, geriatrics, and otolaryngology.

The third-year resident spends three months each in internal medicine and electives; two months on the inpatient family practice service; one month each on community medicine, gynecology, and geriatrics; and a half-month each on ophthalmology and urology.

The close partnership between the GSHHC Affiliated Family Practice Residency Program and the School of Medicine may explain why about half the residents are Wright State graduates, Dr. Bosworth says. Physicians on the School of Medicine faculty and residents working at the Family Practice Center are involved in teaching Wright State medical students beginning in the first year of the school's curriculum. There is also a third-year family practice clerkship and an elective rotation in the fourth year. The medical students are taught to treat the patient within the context of a family unit and are given an opportunity to observe family practice role models. Another advantage of the program is that faculty have an opportunity to observe potential applicants to the residency program while the medical students are still in undergraduate medical training.

When recruiting residents, Dr. Bosworth looks for "people who are totally committed to family practice, and also interested in Dayton" as a city in which to live and practice. "I'm looking to graduate physicians who are able to treat ninety to ninety-five percent of the patients who walk through the door, even if they are in a location where specialty backup is not immediately available. They should feel comfortable providing care to any patient who walks in," Dr. Bosworth explains. "The vast majority of our family practice graduates will go into private practice. A good number stay in this community. About half in this graduating class plan to stay." 

Postresidency Fellowship in Orbital and Oculoplastic Surgery

When he began his residency in ophthalmology at the Mayo Clinic, George B. Bartley, M.D., was advised to make contact with John D. Bullock, M.D., who is now professor and chair of ophthalmology and associate professor of plastic surgery at Wright State School of Medicine.

Today, less than five years later, the two spend the majority of their waking hours working together. Dr. Bartley, a 1981 graduate of The Ohio State University College of Medicine, is the first physician accepted by Dr. Bullock as a postgraduate fellow in orbital and oculoplastic surgery. "Dr. Bullock is an exceptional surgeon," Dr. Bartley reflects. "It is a pleasure to work with someone who exhibits such technical expertise."

There are only about twenty postresidency fellowships available in the field in the United States, and each is unique, according to Dr. Bullock, who set up the fellowship through the auspices of the Wright State Department of Ophthalmology.

"Dr. Bartley is the first fellow in what will become a continuing tradition," Dr. Bullock notes. For 1986-87, he has already selected a fellow, who also will come here after completing a Mayo Clinic ophthalmology residency. In fact, the Mayo Clinic encouraged Dr. Bullock to set up the fellowship.

Ironically, Dr. Bartley, after having grown up in the Dayton area, met Dr. Bullock for the first time at the Mayo Clinic. Dr. Bullock had completed a postresidency fellowship at the Mayo Clinic in 1975 and was a regular guest professor to the Rochester, Minnesota, clinic. He met Dr. Bartley during the latter's residency there. They collaborated on three chapters, soon to be published in a text on ophthalmic plastic surgery. Dr. Bullock served in 1984 as a visiting clinician in retina-vitreous surgery at the Mayo Clinic, and subsequently selected Dr. Bartley as his first fellow.

"There's no residency in ophthalmology at Wright State University, and this fellowship provides an opportunity for me to conduct teaching at this level," says Dr. Bullock. "The fellowship provides a real benefit to the School of Medicine because Dr. Bartley assists me in teaching as well as in my practice."



John Bullock, M.D. (above left), and George Bartley, M.D., prepare for eye surgery. Dr. Bartley holds an irrigation-aspiration unit, which is used to remove cataracts from the eye. (Right) Pamela Owsley, R.N., and Dr. Bartley assist Dr. Bullock in the operating room. Positioned above the patient's head is an operating microscope.



On an average day, Dr. Bullock picks up Dr. Bartley at his home shortly after 7 am. At least two full days a week, and occasionally four, the two physicians are in surgery. In Dr. Bartley's first eight months, he assisted on about 500 surgical cases. "About half of Dr. Bullock's patients are referred," says Dr. Bartley. They come from all over the United States, and even from outside the country. "The cases range from the routine to some of the most unusual and complicated diseases and conditions of the eye."

Two or three days a week, Dr. Bullock and Dr. Bartley see patients in Dr. Bullock's office from about 8 am until 6:30 or 7:30 pm. At least 60 to 110 patients are seen in an average day of office hours. Outside of regularly scheduled hours, the two handle emergency cases, prepare lectures, conduct research, and write papers. They have completed six papers which have been submitted for publication in professional journals, and they are collaborating on another four.

"Most of the papers concern clinical research," Dr. Bartley explains. However, one major effort that Dr. Bartley is now completing with Dr. Bullock and Dr. Thomas Olsen concerns an extensive laboratory experiment comparing four treatments for trichiasis (abnormally directed eyelashes): epilation, electrolysis, cryotherapy, and argon laser therapy. "Dr. Bullock did some of the early research in this area about eleven years ago. He's a pioneer in the field," says Dr. Bartley.

When he completes his fellowship, Dr. Bartley will return to the Mayo Clinic to take a position in ophthalmic surgery, specializing in the treatment of cataracts, orbital diseases, and related plastic surgery. "I'm looking forward to going back. The patients are interesting and the staff is terrific. It's a very challenging and stimulating environment," Dr. Bartley notes, adding that the unique preparation he is receiving with Dr. Bullock should serve him well. ☛

Taking It to the Public

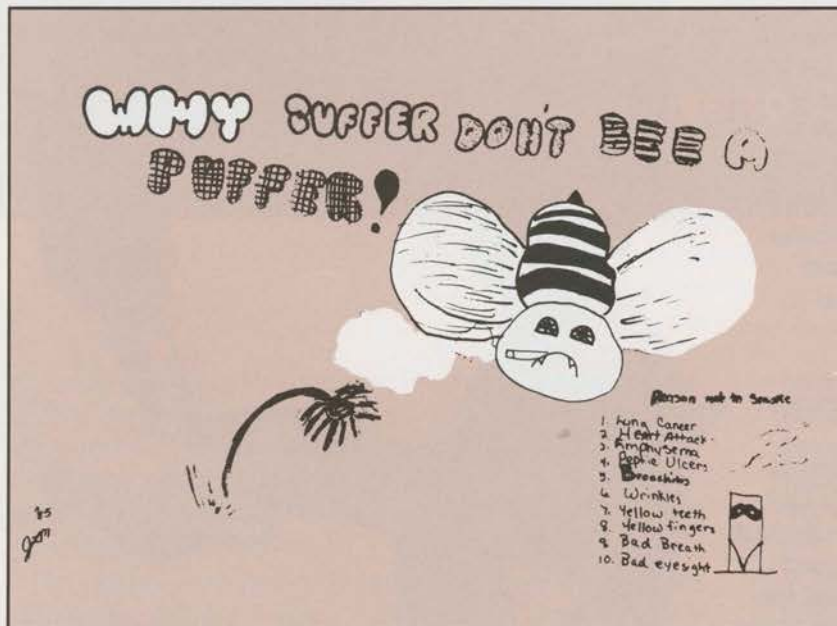
Educators Find Improved Ways to Get Health Information to the People Who Need It

Consider the needs of school children who have fallen into the now fashionable, but health-threatening habit of using smokeless tobacco. Consider the needs of older adults living in rural communities who want to do more for themselves to stay healthy. The two groups differ widely in age and experiences, but they are linked by the common need for up-to-date health information, according to Charlene Luciani and Nel Martinez. The two Wright State School of Medicine health educators coordinate community outreach programs, and the challenge in their work lies in finding improved ways of getting usable health information to the different kinds of people who need it.

Charlene Luciani is the coordinator of the Region II Cancer Resource Center, a component of the Cancer Control Consortium of Ohio (CCCO) based at the Wright State School of Medicine. The resource center serves a broad area that includes Greene, Montgomery, Preble, Darke, Miami, Clark, Champaign, and Shelby counties. Luciani has prepared an annually updated cancer resource guide for cancer patients and physicians in each county to help link them with a wide variety of medical and community services. She also hosts an award-winning

television show called "Cancer Answers" that is broadcast monthly on a local cable network. Luciani regularly gives cancer education presentations to health care professionals as well as to different community groups. Recently, she has been teaching local school children about the cancer risks involved with the use of tobacco.

Nel Martinez, R.N., M.S., is the project coordinator of "Self-Care for Older Persons," a health education program developed by the Department of Community Medicine and funded by the Miami Valley Area Health Education Center (AHEC). A graduate of the Wright State School of Nursing, Martinez's career has included clinical experience as an endocrinology nurse specialist and community service as a public health nurse. She has designed diabetes education programs for both clinical and community settings. Her experiences have involved teaching and learning from many older persons. According to Martinez and gerontologist Joseph D. Alter, M.D., M.P.H., professor and chair of community medicine, one of the self-care program's goals is dispelling the myth that older persons cannot learn new, healthful behaviors.



This poster (left) was created by sixth-grader Jennifer Morgan after a cancer education program at Black Lane Elementary School in Fairborn. Cancer Resource Center coordinator Charlene Luciani (below right) and graduate assistant Mark Rys distribute antismoking balloons, buttons, and brochures to eager third-graders at the Stouder Wellness Center in Troy.



“ Orphan Annie’s Parents Smoked ”

“Do you know what tar is?” Charlene Luciani asks a throng of third-graders who are seated in front of her on the floor.

“It’s the black sticky stuff they put on the roads,” one of the children answers.

“Right. Tar is also found in tobacco. When you smoke a cigarette, tar gets in your mouth and lungs. Do you know what nicotine is?”

“It’s a drug,” another third-grader answers.

“Right. Nicotine is also found in cigarettes, and nicotine is addicting. Do you know what that means?”

“It means you can’t do without it,” a boy answers. “My mom smokes cigarettes and she says she can’t stop. That’s why.”

The third graders in this group were among more than a thousand Miami County school children who attended a day-long “Mini-Health Fair” at the Stouder Wellness Center in Troy. The Cancer Resource Center booth, devoted to the health risks of tobacco use, was evaluated by teachers as one of the fair’s most effective presentations. Although the

third-graders were one of the youngest audiences Charlene Luciani has had, she found that some of the nine-year-olds had a keen awareness of the risks that go with smoking.

In the past, antismoking education has been aimed at students in the seventh through the ninth grades. “We’ve found that these efforts were missing the kids,” Luciani says. “By the time they got to the seventh grade, many of them were already smoking. Now we’re targeting school children in grades five and six, but current research indicates that may not be early enough. In the future, antismoking education may need to begin as early as the second grade.

“Fear—the old ‘skull and crossbones’ technique—doesn’t work in teaching children about smoking,” she continues. “You have to let them participate in the presentation. When you replace fear with facts that can be seen, smelled, or touched, the kids are better able to make their own decisions about avoiding or quitting the habit.”


“Stan the Mechanical Smoker” is a demonstration aid that is popular with school children. The device consumes a lit cigarette in three puffs. The resulting tar and resins

collect in a plastic tube attached to the smoker, and are then deposited on "minilungs"—a piece of blotter paper that resembles a cross-section of human lungs. "The kids can smell the tar from just one cigarette," Luciani explains, "and they can also see how it would stain their own lungs. A lot of kids ask to take the minilungs home to show their parents."

Humor is another important method used to convey the antismoking ideas to young children. Among the popular "give-aways" at school presentations are buttons and balloons that carry messages such as "Will the Real Smoker Please Cough Up?" and "Orphan Annie's Parents Smoked."

The scope of antismoking education for school children has broadened recently to address an alarming phenomenon—the growing use of smokeless tobacco by children. A recent survey conducted in southeastern Ohio estimates that sixty percent of girls in grades seven through ten use snuff, a tobacco product that is now often used orally. Displaying a snuff bag as part of one's apparel has become fashionable among young people. A popular brand of bubble gum is now packaged in shredded form in a bag that resembles a chewing tobacco pouch.

"Kids go straight from the bubble gum to the real thing," Luciani notes. They think that chewing tobacco and snuff are safe because the tobacco is not smoked. In many ways, smokeless tobacco is actually worse than cigarettes. In addition to causing oral cancer and tooth decay, smokeless tobacco is more addicting. When nicotine is ingested orally, it is absorbed faster into the bloodstream. The brain nicotine level must be renewed every twenty minutes, and eventually, it takes more and more smokeless tobacco to maintain that level.

"It's up to us, as concerned educators, to replace the myths with facts. Kids are smart, and when they're given the right information, I think they can make the right choices," Luciani says. "With school children, I think we get a double 'bang for the buck' with our educational efforts. They go home and they do a better job of educating their parents about smoking than anyone else could do. Kids are very vocal when it comes to saying that they don't like smoking. And they will tell their parents pointblank: 'We love you—do you know what you're doing to your body?'" 



Health educator Nel Martinez (right) shows Virginia Fischer how to take her pulse at the Miamisburg Senior Citizen Center. Free physical assessments were an optional part of the "Self-Care for Older Persons" program.

When Nel Martinez and Dr. Joe Alter were designing the program for "Self-Care for Older Persons," they asked the staffs of the Miamisburg and the Preble County senior citizen centers, "What will bring older people out for this kind of program?" The answer from both sites was simple and direct. "Food."

Accordingly, nutrition was one of the topics included in the program. When the nutrition lecture was presented last December at each senior citizen center, it was capped with a free "Holiday Tasting Party," where program participants as well as others from both communities sampled festive dishes that also met special dietary requirements.

"The winter holidays always pose special problems for older people on restricted diets," Martinez explains. "We wanted to show that there were low-sugar, low-sodium, low-cholesterol alternatives to the usual, fattening and overly rich holiday fare."

The menu included appetizers, main courses, beverages, and desserts. The food was prepared in advance by the Department of Community Medicine staff. The fact that many of the samples vanished in a matter of minutes was proof, according to Dr. Alter, that "you don't have to sacrifice taste for health." Recipes were available for all the dishes, and media coverage of the tasting parties led to recipe requests from throughout the Dayton area.

"Self-Care for Older Persons" has been designed as a two-way exchange of information. In addition to promoting healthy behavior and providing health education to older persons, the project has also collected information from those persons about their particular health needs.

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You Don't Have to Sacrifice Taste

Comparing the health education needs of urban and rural elderly populations is one of the project's goals. The data collected will be used in the Department of Community Medicine's ongoing gerontology research; it will also be shared with health care planners and community agencies that serve elderly people.

The Miamisburg Senior Citizen Center was the project's urban site, and the Preble County Senior Citizen Center in Eaton was the rural site. "Although Miamisburg is not a large city," Martinez says, "elderly people there have access to more hospitals, more health care personnel, and more community agencies. Elderly people in Preble County go either to Dayton or to Richmond, Indiana, for hospital care. Preble County hasn't had an organized health education effort targeted specifically to older adults. We've found that the lack of mass transit is also a big problem for older people in rural areas."

"Self-Care for Older Persons" was presented at these sites last fall as a six-week pilot study. Participation was limited to fifteen persons per site. In addition to nutrition, topics covered in the pilot study included healthy aging, dealing with life changes, sleep disturbances, foot care, and wise use of medications.

Evaluations of the pilot study were used to refine and expand "Self-Care for Older Persons." An eight-week program was offered this spring in Miamisburg and Eaton, and participation was increased to a maximum of seventy-five persons. Topics covered included accident prevention, heart disease and hypertension, sensory changes, arthritis and osteoporosis, coping with physical and psychological stress, and nutrition.

The topics during both of the program series were presented by professionals, from the community, who volunteered their services. They included physicians, nurses, pharmacists, dieticians, and mental health counselors, and many of them had expertise in gerontology. "Most of the topics could have been presented by the Department of Community Medicine," Dr. Alter notes, "but we wanted to demonstrate that this kind of project could draw on professional resources that are already available in many communities."

The Miami Valley Area Health Education Center is involved in providing health education programs to older persons for two reasons, according to AHEC director Dan

Kennelly, M.P.A. "Self-care education can help older people live independently longer in their lives. People generally feel better and are more active when they live in their own homes," Kennelly says. "Also, it is much less expensive in most cases to live at home instead of in an institutional setting, even if some home services are needed from an outside source."




Joseph D. Alter, M.D., M.P.H., professor and chair of community medicine

One of eleven centers in a statewide network, the Miami Valley AHEC is guided by a twenty-member advisory board representing each of the eight counties that are also served by the Region II Cancer Resource Center. Since it was established in 1979, the center has coordinated clinical experiences in underserved areas for medical students and others preparing for careers in the allied health professions. The center has also assessed health personnel needs within the area it serves.

"The distribution of health care services varies widely from urban to rural areas," Kennelly notes. "Rural areas generally have similar needs but far fewer resources. The AHEC advisory board is particularly concerned about the health needs of older people in our area's rural counties. That's how the 'Self-Care' program originated. This kind of educational program meets a regional need for health information, and it also addresses cost containment issues. If AHEC funding is continued at the federal level, we plan to present 'Self-Care for Older Persons' in other rural communities during the next year."

"Older people are certainly willing and able to learn things that they can do themselves to live healthier lives," Nel Martinez says. "This kind of program can also teach them when it is most appropriate to seek medical care, instead of delaying until a problem becomes more serious."

Dr. Alter agrees. "Older people are not only able to learn, they can also make positive changes in behaviors and lifestyles related to their health. Such changes can result in a better quality of life as well as a longer life." 

THE LONG WEEK -END

... when
Wright State
medical students
learn about
substance abuse
intervention

Prologue: Room 208 in the Medical Sciences Building is a lot like any other small classroom at Wright State. It has a chalkboard, overhead fluorescent lights, and no windows. The shade of paint on the walls can be best described as institutional yellow. Room 208 is a multiple-purpose classroom. It can accommodate small classes and conferences, and on weeknights it is a preferred study space for medical students because they can bring food there. On the weekend, however, the tables are folded up and Room 208 is transformed into an intense environment that one would not expect to find at a medical school.

Friday night: The chairs in Room 208 are grouped in a loose circle. Twelve people sit stiffly in the chairs, waiting for the night's agenda to begin. Some gaze uncomfortably at the floor. Each has been remanded to Room 208 by a court of law. Each has been convicted of driving while intoxicated (DWI) or under the influence of alcohol or other chemicals. Some in the group may have already served time in jail for the offense; others may face jail time in the future. The judicial sentence of each includes an alternative to jail: forty-eight hours or seventy-two hours of participation as clients in the Weekend Intervention Program (WIP) at Wright State University School of Medicine.

During the course of the weekend, this group will gather six times in Room 208 for almost twelve hours of group counseling. The group sessions will be guided by two professional co-facilitators—Dennis Moore, M.A., WIP senior counselor and educational specialist, and Jack Lunderman, M.D., second-year psychiatry resident and a 1984 graduate of Wright State School of Medicine. During the group sessions, Dennis and Jack will draw on many counseling strategies to help the WIP clients make honest self-examinations of their own patterns of use or abuse of alcohol and other drugs.

Another person who will spend much of the weekend in Room 208 is second-year medical student Rob Edwards. Like the WIP clients, Rob is required to be there.

Rob and fellow second-year student Melanie Green-Thiele have chosen this particular weekend to fulfill a requirement that must be met by every Wright State medical student—observing the WIP. The requirement is part of Introduction to Clinical Medicine (ICM), a course that spans the first two years of the Wright State medical curriculum. Taught by the Department of Family Practice faculty, ICM focuses on history-taking skills and physical diagnosis. The course is also intended to give medical students an early exposure to clinical settings.

Medical students can schedule the weekend of observation at the WIP any time during the first two years. Due to the pace of the medical curriculum, however, few weekends seem convenient, and some students joke that WIP really stands for "Weekend Interruption Program."



WIP director Harvey Siegal, Ph.D. (left), discusses substance abuse intervention with medical students Rob Edwards and Melanie Green-Thiele.

Both Rob and Melanie admit to mixed feelings on Friday night, before the WIP begins. They had a timely lecture on liver pathology earlier in the week. They think some of the facts they've learned about the consequences of alcohol and chemical abuse may be fleshed out during the weekend's experiences, but because they have a final exam in pathology next week, they are also concerned about the loss of study time.

Rob and Melanie are joined this weekend by several Wright State undergraduate students who are observing the WIP to fulfill the requirements of Sociology 315. Several professionals from a local school district have also chosen to be WIP observers. One or two observers will be assigned to each of the six counseling groups. Before they join their particular groups, they get a brief orientation about the participant-observer's role from Harvey Siegal, Ph.D., professor and vice-chair of medicine in society and the WIP's founder and director.

"We're going to create here a pressurized environment that's a lot like a hothouse," he explains. "We'll try to plant a seed in each client's mind. Then we close the doors, turn on the lights, turn up the heat, and watch what grows. During the weekend, the clients may experience the same emotions and insights that they would get during the first weeks of treatment in an inpatient program. The difference is, these insights are usually gained only for the short term.

"For the first two group sessions," Dr. Siegal continues, "participate with eyes and ears only. Once you're comfortable with what the counselors are doing, join in the discussion if you feel the urge. Just remember, this is the clients' weekend. The weekend can produce a lot of emotion and insight for observers, too. Don't be surprised if you get home on Sunday night and you feel like you've been hit over the head. It may take until Wednesday before you feel normal again."

This kind of participatory education is an inseparable component of the WIP's mission, according to Dr. Siegal. He cites the program as an example of an educational institution opening its doors to provide a direct service to the community. The WIP offers a much-needed service within the criminal justice system's sentencing structure for drunk drivers. It can provide judges and others with specific information that they can use to encourage behavioral change among DWI offenders. In return, Dr. Siegal notes philosophically, WIP clients also provide a community service. "They're contributing to the education of the next generation of professionals who will treat alcohol-related problems. Our students learn about alcohol and chemical abuse from people, not textbooks."

Saturday morning: "Wright State School of Medicine is probably the only medical school in the country to be certified by the county sheriff as worthy of a weekend stay in jail," noted Dean William Sawyer at a 1984 ceremony at which the WIP became Ohio's first drunk driver intervention program to be certified under state law. Because most clients are referred to the program by local courts as an alternative to jail, the WIP's responsibilities equal those of a minimum security correctional facility. The clients sleep at a local motel on Friday and Saturday nights under the supervision of City of Riverside police officers. Otherwise, the entire weekend is spent in the Medical Sciences Building.

Intervention, according to the Wright State model, is a carefully structured program combining substance abuse education with counseling. The clients' time is divided between Room 035 in the basement, where they gather for lectures and films, and the small, second-floor classrooms like Room 208, where they go for group counseling sessions. Break time for the clients is spent in the second-floor hallway that overlooks the cantilevered roof of the Medical Sciences auditorium.

"If you had any other disease, you wouldn't avoid it. You'd want to know so you could do something about it," counselor Alice Woodward says.

"Staff and clients don't mingle during meals or break time," Dr. Siegal explains. "Clients get the hallway, and staff get Room 216 (the WIP office). These boundaries are important, because clients need a place to vent steam, and so do the staff."

"Chemical dependency is a disease that begins with the abuse of alcohol or other drugs," counselor Alice Woodward says during Saturday's first substance abuse lecture. Chemical dependency has different causes and its consequences may include pathological changes in the body. Its early symptoms are behavioral. It is progressive,

and its final stage is often fatal. The abuse of alcohol and other drugs constitutes one of the nation's leading health problems and is implicated in thirty to fifty percent of all U.S. hospital admissions. One out of ten American drinkers is likely to experience problems sometime in his or her life.

"Chemical dependency is one of the sneakiest diseases," Alice says. Those afflicted with it often construct elaborate psychological defenses such as denial or rationalization to avoid acknowledging that the problems they are experiencing are caused by their drinking. Friends, family members, and employers—even physicians—can contribute to the disease process by failing to confront the chronic drinker's problems. "If you had any other disease," Alice tells the clients, "you wouldn't avoid it. You'd want to know so you could do something about it."

Facts presented during the substance abuse lectures become food for thought and later discussion during the WIP's small group counseling sessions. Clients are

"The physician can interrupt what is often called the 'bottoming process,' so that people don't have to lose everything because of their alcohol or drug use," explains educational specialist Dennis Moore.

assigned to the same group, with the same counselors, for the weekend's duration. Through questions and careful listening, counselors look for patterns in the way each client describes his or her own involvement with alcohol or other drugs. Intervention then occurs in two steps. During the course of the weekend, counselors try to get the clients themselves to recognize personal patterns of chemical abuse. At the end of the program, counselors use what they observed in group sessions to document written assessments and referrals for each client.

The WIP is a valuable resource in the Wright State medical curriculum because what counselors do in the program closely parallels what primary care physicians can do to intervene in a patient's chemical abuse. "The physician is on the front line of health care professionals when it comes to recognizing the symptoms of chemical abuse," explains Dennis Moore. "In most cases the patient is not going to say, 'Hey, I've got a problem and I want to do something about it.' But if the physician has some experience assessing chemical abuse problems, he can extrapolate information from the kinds of stories that patients tell him. If a physician can recognize a pattern or an incongruity in something that is said during the history-taking process, that can be enough information for the physician to begin to intervene.

"Successful intervention means knowing what to say to confront the patient constructively," Dennis continues. "It

also means knowing how to link patients with other professionals who can help. The physician has very high credibility and is in a good position to intervene at an early stage. The physician can interrupt what is often called the 'bottoming process,' so that people don't have to lose everything because of their alcohol or drug use."

Saturday afternoon: During the screening of the film, *Days of Wine and Roses*, clients are called one by one from Room 035 for individual consultation with one of their group counselors. Rob Edwards observes several of the individual sessions in Dennis Moore's office. Dennis uses individual consultation to gather more information about each client, and to probe special problems that are not brought up in group sessions. Dennis encourages medical students to observe this aspect of the intervention process.

Melanie Green-Thiele is in Room 035 when one of the clients watching the film falls suddenly on the floor, convulsing in a grand mal seizure. Melanie and other WIP observers help usher the rest of the clients from the room while Dr. Siegal administers emergency first aid to the forty-five-year-old man. He comes out of the seizure after several minutes, at about the same time the Fairborn rescue squad arrives. He is then taken to the emergency room at a local hospital for examination and treatment.

Before the other WIP clients are brought back to Room 035, Dr. Siegal underscores what happened with an explanation to the medical students. "What you've just seen is a grand mal seizure most probably due to alcohol withdrawal. A seizure of this kind can occur eight to seventy-two hours after the addicted drinker last has a drink. Any time during the withdrawal period, the addicted person can display symptoms ranging from tremulousness and agitation to delirium tremens, or DTs. Withdrawal from alcohol or other drugs should take place in a clinical setting under medical supervision."

Before the film screening resumes, Dr. Siegal gives a similar explanation to the clients. "A withdrawal seizure is a very strong indicator of chemical dependency. Once a person's medical situation is stabilized, he needs treatment in a residential inpatient program." For some of the younger WIP clients, this is the first graphic example they've seen of the pathological consequences of alcohol abuse.

Saturday night: This fifteen-hour day at the WIP is winding down to its denouement—a marathon group counseling session that will end just before 11 pm. Before the session begins, the clients are taken for an "energizing" walk through the Wright State tunnels. "It's hump time now," Dennis Moore explains to several observers. "The clients are tired, possibly overwhelmed by the day's events. If they're going to open up and recognize anything about their problems, it will be tonight. These insights tend to be flashy, and by tomorrow, they could be gone."



WIP junior counselor Marge Neihsel (left) assists senior counselor and educational specialist Dennis Moore with a client evaluation.

Instead of just answering questions tonight, some of the clients in Room 208 ask Jack Lunderman for more medical information about chemical abuse. Earlier in the day, Jack delivered the alcohol pathology lecture, which never fails to make an impression on WIP clients because the lecture's visual aids include diseased organs removed from chronic drinkers who died of alcohol abuse. One young client vows that he will quit drinking before anything like that ever happens to him. Jack nods, then cautions that ending a chemical dependency is seldom that simple. "Those organs came from people who thought they'd quit, too, before it got that bad. Chemical dependency is deceiving. It tells your body all along that everything's okay, and you believe it. By the time you end up in the hospital because of those pathological changes, it's usually too late."

Jack and Dennis retrace familiar ground with the clients, reviewing how each came to be arrested and what each has said about his or her involvement with alcohol and other drugs. For some of the clients, the repetition of salient details and patterns goes nowhere. Several others reflect for a while then volunteer more information about their lives. One man remembers events that date back to his late teens. He hesitates, then says quietly, "I guess you could trace all my disappointments and missed opportunities back to the same thing. Partying. Alcohol."

Of all the clients in Room 208, this man has moved the farthest toward an honest understanding of how alcohol abuse has affected his life. When it succeeds, intervention often works this way, according to Dennis Moore. "What we want the clients to do is to articulate something about their patterns of substance abuse. If they can put it into words, it's there to stay, whether they acknowledge it in the future or not. It can happen in just one moment during the weekend."

Clients are not the only ones experiencing changes tonight. Melanie Green-Thiele and Rob Edwards have become so caught up in the weekend that they've temporarily put aside concerns for next week's pathology exam. "In the beginning, I wondered about giving up this amount of time," Melanie says. "Now that I've gone this far with it, I think it's good that the weekend is required. There is no way that medical students could come in for just a few hours to observe the WIP. You have to see the dynamics of the whole intervention process."

"Hearing all the different stories has impressed me," Rob adds. "The clients' lives took different paths, but the paths all led to pretty much the same point. In the future, when we're confronted with a patient with a chemical abuse problem, we won't have a narrow, preformed idea about how it developed. The WIP gives you a perspective that you couldn't get otherwise. I think in some ways we've been sheltered as medical students."

Sunday: The client who had the alcohol withdrawal seizure yesterday has been released from the hospital. When he returns to the WIP to pick up his suitcase, he tells Dr. Siegal that he will admit himself to an inpatient alcohol treatment program at the hospital. Dr. Siegal interrupts the other clients' breakfasts and asks the man to tell them about his plan. Dr. Siegal does this, not so much for the other clients' benefit, but to reinforce the man's decision to go into treatment.

The WIP is not meant to be a treatment program, Dr. Siegal explains later. The intervention process is too brief to affect lasting changes in a problem drinker's abuse patterns. Instead, intervention provides an excellent opportunity for professional assessment. Clients with assessed substance abuse problems are then referred to treatment on either an inpatient or an outpatient basis. A summary of the assessment and referral is sent to each client's judge. Depending on the client's original judicial sentence, compliance with a treatment referral may or may not be mandatory. One of the greatest successes that the WIP can achieve is voluntary compliance with referrals. "For that to happen," Dr. Siegal says, "it's important that clients carry through with the referrals while the weekend is still fresh in their minds."

While the clients attend an Alcoholics Anonymous (AA) meeting in Room 035, fourth-year medical student Marge Neihsel and the other WIP counselors are busy completing the written assessments. Marge is a junior counselor at the WIP. After completing the initial weekend

observation for ICM credit, medical students interested in the WIP can qualify to work as junior counselors by observing two additional weekends. As a junior counselor, Marge has been a co-facilitator of one of this weekend's groups. She has conducted individual consultations with half of the group's clients, and she will also assist Mel Brown, a certified alcoholism counselor, in making the final assessment and referral for each of her group's clients.

"The medical profession is seen to be at special risk of alcohol and drug abuse. Having students come through a program such as WIP . . . gives them a very real sense of their own vulnerability," says Dr. Harvey Siegal.

"I didn't expect to get this involved with the WIP when I did my first observation," Marge says. "I did it because it was required, and then I saw that the program really helps some people. I've learned a lot from the WIP about the underlying causes of substance abuse, and I've also learned some good counseling skills. No matter what field of medicine you go into, you need to know how to communicate effectively with a wide variety of patients."


"The WIP experience makes medical students more aware of patients with alcohol problems who display signs and symptoms that are often overlooked," she continues. "You see the signs and symptoms over and over again during clinical rotations in the hospitals. Many patients who come in for other reasons have abused alcohol, too, and a lot of their medical problems result from that."

Marge will begin a pediatrics residency in July at Saint Louis University Hospital. She is interested in adolescent medicine, and she expects her experience as a WIP junior counselor will be valuable in the future. "The health of a lot of children is affected by their parents' alcohol problems. Alcohol abuse can really become a family disease."

Marge acknowledges that an attitude change is the most significant benefit gained during her work with the Weekend Intervention Program. "I think I used to have a somewhat derogatory attitude toward people with alcohol problems. Now I understand that alcohol abuse is a disease. A physician with the right experience can intervene to change the course of that disease."

Afterword: The Weekend Intervention Program serves as a unique laboratory for conducting social research about the problem of drunken driving. The WIP's growing database now includes information collected from more than twelve thousand clients who have gone through the program since 1978. The program is also a setting for research on the effectiveness of substance abuse education for medical students. A recently published evaluation of the WIP's medical education component reported that students who have observed the program score significantly higher than those who have not observed the program, in three areas: factual knowledge of substance abuse, history-taking and counseling skills, and attitudes related to substance abuse.

The WIP has served as a model for other intervention programs around the country. In the future, it may also become an educational model for institutions beyond Wright State. Ten students from other Ohio medical schools will come to Wright State this summer to observe the WIP. Their introduction to substance abuse intervention is funded by a grant from the J. M. Foundation.

Dr. Harvey Siegal adds that the Weekend Intervention Program gives medical students something that cannot be easily quantified or evaluated. "The medical profession is seen to be at special risk of alcohol and drug abuse. Having students come through a program such as WIP as part of their medical education gives them a very real sense of their own vulnerability. During the course of the weekend, it is not uncommon for medical students to become concerned about either their own use of alcohol or drugs, or the use by a friend, peer, or family member. They might seek the counsel of one of the WIP professionals and say, 'I'm very concerned. I realize that I've probably been drinking or partying as much as some of the people here, but so far I've been lucky. What can I do about it?' WIP is able to guide them in an appropriate direction. In the substance abuse field, that is known as primary prevention." 

MIRROR IMAGES

WIBBLES IMAGES?

Julian Trevino entered medical school at Wright State in 1984 as a member of the Class of 1987. He spent most of his childhood in Piqua, Ohio, and graduated from Piqua Central High School in 1978. He attended Trinity University in San Antonio, Texas, graduating with a Bachelor of Arts degree in chemistry in May 1983.

Justin Trevino entered medical school at Wright State in 1984 as a member of the Class of 1987. He spent most of his childhood in Piqua, Ohio, and graduated from Piqua Central High School in 1978. He attended Trinity University in San Antonio, Texas, graduating with a Bachelor of Arts degree in chemistry in May 1983.

It isn't surprising that Justin's and Julian's lives are identical. They began life together in one fertilized egg—they are identical twins, mirror images of one another.

Comparison has been inescapable, although attempts have been made throughout their lives to promote individuality. The boys were separated throughout elementary school and junior high school and have always dressed differently.

"We like different clothes, but even if I liked something that Julian bought, I'd never buy it," says Justin. "We wear each other's clothes only in an emergency, and we'd never wear identical clothing at the same time."

Other differences are apparent even upon the first meeting. Julian is clean-shaven and wears glasses; Justin wears contacts and has a mustache. Although comparison is a source of irritation to them, the twins accept it graciously, knowing the curiosity will pass as people get to know them better.

"We are limited in medical school both in time for outside activities and in opportunity



Julian and Justin Trevino

to develop friends outside the school—and that makes us seem more alike than we actually are," Justin says. "Under normal circumstances, we tend to have different types of friends and we spend our free time on different activities. Julian likes biking and is a very talented artist. He likes new things. I like to play tennis and I like old things—I collect albums and I'm interested in collectable cars."

Some comparisons, however, interest the Trevinos themselves. Their overall MCAT (Medical College Admissions Test) scores were identical, and IQ tests administered at an early age were within one point of each other. When asked a question one often remains silent, as the answer being given by the other is the exact response he would have given. When discussing grades, the twins admitted to missing nearly the same questions on each exam.

Justin and Julian were born to a Mexican-American father, Joseph, and an Italian mother, Felicia. They are fond of Texas and their Mexican-American heritage, and they would like to spend more time in Texas. But neither foresees leaving Ohio for long.

Medicine is not new to the Trevinos. Their father is a forensic psychiatrist in private practice. "We have a very real idea of what being a doctor will be like," Julian says. "There were frequent interruptions every night, but we wouldn't change anything. We want to be accessible to our patients, just as our father is."

Julian was accepted at Wright State University School of Medicine while still a student at Trinity University, but decided to take advantage of the delayed entry program. He interviewed at other Ohio schools but chose Wright State because it had as much to offer as any other school. He also had friends who were undergraduate students at Wright State and he was familiar with the campus. And he liked the idea of being close to his hometown of Piqua.

Justin says his decision to also attend Wright State largely involved economics. "I liked Wright State as well as the other schools," he says, "but since Julian was already planning to enter medical school here, I felt it would be easier on my parents if we attended the same school and shared living expenses."

Attending the same medical school has other advantages as well. "Justin keeps me motivated," Julian says. "There are times I'd like to goof off, but I see Justin studying, so I get busy."

When Justin and Julian were babies, their parents would put them in cribs at opposite corners of the room. When they'd come back to get them, the cribs would be side by side. They've been side by side ever since, but they don't foresee sticking together past medical school. "We don't want to limit ourselves in the process of securing a residency," Julian says. ☎



Yvette Sanders, an undergraduate student at Wilberforce University, examines a model of a human skull during a recent Weekend Immersion Program in radiology conducted at Wright State School of Medicine. The three-day program is designed to give an intensive preview of the course work encountered in medical school to undergraduate minority students from local universities. Immersion programs have been conducted in radiology, gross anatomy, and microanatomy. The immersion weekends are part of the School of Medicine's Preparation of Minorities for Careers in Medicine (PMCM) program.

O'Malley to Speak at AOM Dinner



Bert W. O'Malley, M.D., will be the distinguished guest lecturer at the Wright State University Academy of Medicine's annual dinner on Wednesday, May 14,

at the Mandalay Banquet Center in Dayton. Dr. O'Malley is Tom Thompson Professor and chair of the Department of Cell Biology at Baylor College of Medicine in Houston, Texas. He is also director of the Baylor Center for Population Research and Reproductive Biology. The topic of his presentation is "Applications of Molecular Biology to Medical Diagnosis." For more information about the Academy of Medicine dinner, contact Gavin Pitt, associate director of development, at 873-2251.

Programs Benefit from Academic Challenge Grants

The molecular genetics component of the Biomedical Sciences Ph.D. degree program and the aerospace medicine master's degree program will both benefit over the next two years from Wright State's Academic Challenge Program.

Funded by the Ohio Board of Regents, the Academic Challenge Program was created to assist state universities in achieving a higher level of excellence in selected degree programs. The program will receive more than \$900 thousand over the next two years to enhance existing degree programs at the university.

The Biomedical Sciences Ph.D. degree program will receive \$99 thousand through the Academic Challenge Program over the two years, and aerospace medicine, \$93 thousand. Each program will determine the use of the funds, ranging from hiring additional faculty members to purchasing computers or other equipment.

Take 5

Patrons of the Health Sciences Library who have not already done so need to "Take 5" sometime soon to obtain new, bar-coded library cards. The Health Sciences Library is currently automating its services as part of the Cooperative On-Line Library System (COLS), and new library cards will be required to access materials in the on-line system. Registration for the new cards can be completed in less than five minutes at the Health Sciences Library circulation desk.

New library cards will be needed beginning summer quarter to access course-reserve materials in the Health Sciences Library. Circulation, reference, interlibrary loan, and Learning Resource Center services will be fully incorporated in the on-line system later this year.

The Cooperative On-Line Library System (COLS) is comprised of the Health Sciences Library, the Wright State University Library and the Good Samaritan Hospital and Kettering Medical Center libraries. Anyone who has registered and received a bar-coded library card at the other COLS libraries is automatically registered at the Health Sciences Library, and does not need to reregister.

TAKE 5

**Keep your library
privileges alive**

For The Record

Biological Chemistry

Prem P. Batra, Ph.D., professor, published "Purification and Characterization of ATP:AMP Phosphotransferase from *Mycobacterium marinum*" in *Biochimica et Biophysica Acta* (1986).

Daniel T. Organisciak, Ph.D., associate professor, published "The Protective Effect of Ascorbate in Retinal Light Damage" and "Amelioration of Photic Injury in Rat Retina by Ascorbic Acid: A Histopathologic Study" in *Investigative Ophthalmology and Visual Science* (November 1985).



Endocrinology Section researchers (left to right) Partab Varandani, Ph.D., Jon Morris, Mary Ann Nafz, Brian Dawson, and Ruth Darrow.

Partab Varandani, Ph.D., Fels professor of biological chemistry and endocrinology section chief, **Ruth Darrow**, senior research assistant, endocrinology section, and **Mary Ann Nafz, B.A.**, senior research assistant, endocrinology section, coauthored "Role of Membranes and Energy-Producing Reactions in Cellular Processing of Insulin in Primary Cultures of Rat Hepatocytes" in *Biochemical and Biophysical Research Communications* (October 1985), and "Participation of Cellular Thiol/Disulphide Groups in the Uptake, Degradation and Bioactivity of Insulin in Primary Cultures of Rat Hepatocytes" in *Biochemical Journal* (January 1985). Dr. Varandani, **D. Brian Dawson**, fourth-year biomedical sciences Ph.D. student, and **Randall A. Smith, Ph.D.**, associate professor of microbiology and immunology, published "Production of a Monoclonal Antibody Directed Against Rat Liver Glutathione-Insulin Transhydrogenase" in *Biochemical and Biophysical Research Communications* (December 1984). Dr. Varandani, Mary Ann Nafz, and D. Brian

Dawson wrote and presented "Studies on Insulin Degradation in Liver, Muscle and Adipose Tissues of Diabetic and Nondiabetic Human Subjects" in the *Proceedings of the National Diabetes Research Interchange Second International Conference on the Use of Human Tissues and Organs for Research and Transplant*, Washington, D.C., October 3, 1985. Dr. Varandani, Ruth Darrow, Mary Ann Nafz, and **C. Ann Taylor, Ph.D.**, research associate, endocrinology section, published "Role of Insulin and Dexamethasone in the Expression of Bioactivity in Rat Hepatocytes Cultured in a Serum-Free Defined Medium" in *Diabetes et Metabolisme* (1985). Dr. Varandani and **Lois Shroyer, M.S.**, senior research assistant, endocrinology section, published "Purification and Characterization of a Rat Liver Cytosol Neutral Thiol Peptidase That Degrades Glucagon, Insulin and Isolated Insulin A and B Chains" in *Archives of Biochemistry and Biophysics* (January 1985). Dr. Varandani and Mary Ann Nafz published "Insulin Degradation: Radioimmunoassay for Glutathione-Insulin Transhydrogenase and Its Application" in *Diabetologia* (June 1985) and "Inhibition of Glutathione-Insulin Transhydrogenase by Metal Ions and Activation by Histidine and Other Chelating Agents" in *Biochimica et Biophysica Acta* (1985).

Emergency Medicine

Glenn Hamilton, M.D., associate professor and chair of emergency medicine and associate professor of medicine, and **Samuel Finn, M.D.**, senior resident instructor, presented "Survey of Emergency Department Patient Follow-Up Systems in the USA" at the American College of Emergency Physicians Conference, London, England, April 1985. Dr. Hamilton presented "Eye Trauma" to the Emergency Physicians at Long Island Jewish Hospital, Long Island, New York, December 10, 1985. Dr. Hamilton was the guest on the television show "Doctor on Call," November 17, 1985.

Richard Hunt, M.D., resident instructor, presented "Effect of MAST on Prehospital Cardiac Arrest in an Emergency Medical Services System Limited to Basic Life Support" at the American College of Emergency Physicians Conference, London, England, April 1985.

John L. Lyman, M.D., assistant professor, presented "Low Back Pain" to emergency physicians at Miami Valley Hospital, December 3, 1985.

John B. McCabe, M.D., associate professor, presented "General Approach to Poisoning and Overdose" at the Ohio American College of Emergency Physicians Conference, Columbus, October 1985; "Update of Current Cardiopulmonary Resuscitation Practice and Introduction to the Medical Literature" to osteopaths at the Osteopathic Hospital, Portland, Maine, December 13, 1985; "Personal Approach to Involvement in Emergency Medicine Research" to the Emergency Medicine Residents of Illinois, University of Chicago, Chicago, October 19, 1985; and "Shock: Its Classification, Diagnosis, and Prehospital Management" at the Miami Valley Hospital Emergency Medicine Seminar, Dayton, October 1985. Dr. McCabe was appointed to the American College of Emergency Physicians Council Steering Committee, 1985. Dr. McCabe and **James Augustine, M.D.**, senior resident instructor, presented "Ventilation Performance During Cardiopulmonary Resuscitation" at the American College of Emergency Physicians Conference, London, England, April 1985.

Jonathan Singer, M.D., associate professor of emergency medicine and pediatrics, published "Emergency Department Evaluation and Management of Chicken Pox" and "The Cause of Gait Disturbance in 425 Pediatric Patients" in *Pediatrics Emergency Care* (1985). Dr. Singer and **John McCabe, M.D.**, associate professor, presented "Epiglottitis at the Extremes of Age" at the American College of Emergency Physicians Conference, London, England, April 1985.

Family Practice

Many members of the Department of Family Practice participated in the recent Society of Teachers in Family Medicine Northeast Regional Meeting held in Dayton on October 23-25, 1985. Cochairs of the meeting were **Charles Smith, M.D.**, associate professor and director of the Family Practice Residency Program at Miami Valley Hospital (until January 1986), and **John Gillen, M.D.**, professor and chair. **William D. Sawyer, M.D.**, dean of the School of Medicine and professor of medicine and microbiology and immunology, gave one of the opening



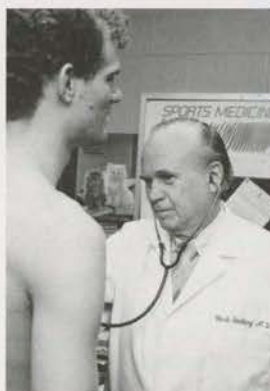
John Gillen, M.D.

presentations. Dr. Gillen presented "The Community Medical School Model." **Mary D. Pryor, M.D.**, assistant professor of family practice and pediatrics, presented "An Innovative Mandatory Geriatric Clerkship Experience." **Jeanne Lemkau, Ph.D.**, associate professor and director of behavioral science at the Yellow Springs Family Health Center, gave a research presentation on "Burnout Among Family Practice Residents: Who's Burned Out? Who Knows and Who Cares?" **Ronald Markert, Ph.D.**, associate professor of postgraduate medicine and continuing education and head of evaluation consultation services, presented "Efficient and Effective Reading of Medical Literature." **Ted Wymyslo, M.D.**, assistant clinical professor and director of the Family Practice Residency Program at Miami Valley Hospital, spoke on "Concerns of the Part-Time Teacher." **Jim Orosz, M.D.**, assistant clinical professor, and **John Black, M.D.**, assistant clinical professor, presented "Dealing with Impaired Residents." **John Rudisill, Ph.D.**, associate professor of family practice and psychiatry, and **James P. Rafferty, Ph.D.**, assistant professor and director of behavioral science at Miami Valley Hospital, presented "Burnout in Teachers of Family Medicine. Would You Know One If You Saw One?" **Gordon Walbroehl, M.D.**, associate professor, presented "Change in Family Practice as a Career Choice for Third-Year Medical Students." This paper was coauthored by **Anthony Parisi, Ph.D.**, associate professor of postgraduate medicine and continuing education.

Jeanne Lemkau, Ph.D., associate professor, presented "Mental Health Issues of Working Women" at the Well Awareness Program at Mercy Hospital, Springfield, September 1985. Dr. Lemkau published "Sex as a Pivotal Issue in the Psychotherapy of a Depressed Elderly Physician" in *Clinical Gerontologist* (1985).

Albert F. Painter, Psy.D., instructor of family practice and postgraduate medicine and continuing education, is currently serving as a consultant to the Dayton Public Schools Employee Assistance Program; Dr. Painter will serve as a referral resource for the four thousand employees of DPS for assistance in substance abuse, family and marital relations, and individual psychological and behavioral problems.

John R. Rudisill, Ph.D., associate professor of family practice and psychiatry and director of medical student education at St. Elizabeth Medical Center, was appointed to the Committee on Credentials and Privileges of University Medical Services Association (UMSA), 1986. Dr. Rudisill presented a workshop on "Attentional Training" at the Bergamo Center, Dayton, December 7-8, 1985, and a workshop on "Relaxation Training" to the Alzheimer's Support Group, Dayton, December 10, 1985. Dr. Rudisill presented "Stress Management" at the Total Fitness Program, Wright State University, November 25, 1985; "Midlife Issues" to the Psychology Department Colloquium, Dayton Veterans Administration Medical Center, November 22, 1985; and "The Balancing Act—Achieving a Healthy Coexistence of Our Personal and Professional Lives" at The Maria-Joseph Living Care Center, Dayton, February 11, 1986.



Herb Stelling, M.D.

Herb Stelling, M.D., associate professor and Wright State athletic team physician, presented "A Potpourri of Acute Illnesses and Injuries Concerning the Young Team Athlete: The Concerns of a Smart and Successful Coach" at the Sports Injury Seminar, Wright State University, November 2, 1985.

Medicine

Michael Baumann, M.D., assistant professor of medicine and staff hematologist at the Dayton Veterans Administration Medical Center, published "Massive Intravascular Hemolysis Without Serum Haptoglobin Depletion" in *Human Pathology* (December 1985).

G. Anthony Holt, M.D., associate clinical professor, was appointed codirector of the Allergy and Immunology Clinic at Good Samaritan Hospital and Health Center, 1985.

Howard P. Liss, M.D., assistant professor of medicine and chief of the Respiratory Therapy Unit at the Dayton Veterans Administration Medical Center, published "A History of Resuscitation" in *Annals of Emergency Medicine* (January 1986).

William D. Sawyer, M.D., dean of the School of Medicine and professor of medicine and microbiology and immunology, was elected to the executive council and to the office of treasurer of the Interciencia Association, Mexico City, December 1985. The Interciencia Association is an international organization of national councils and associations of science and technology representing thirteen nations in the western hemisphere. Dr. Sawyer was a U.S. delegate representing the American Association for the Advancement of Science (AAAS) at the Interciencia Association meeting. He also presented "The Role of Nongovernmental Organizations of the United States of America" during a symposium on scientific and technological policies in the Americas at the same meeting.

Medicine in Society

Marshall Kapp, J.D., M.P.H., associate professor, presented "Advance Planning for the Elderly: The Health Care Professional's Role" and "Malpractice in Long-Term Care; Preventive Legal Strategies" at the annual scientific meeting of the Gerontological Society of America, New Orleans, November 22-26, 1985; "Legal and Ethical Implications of Health Care Reimbursement by Diagnosis Related Groups" at the Hospital Risk Management Society of Metropolitan Chicago, Chicago, November 13, 1985; "Reconciling Ethical Behavior and Legal Paranoia," "Ethical Implications of Cost Containment," and "Malpractice and the

Pediatrics

Charles V. Bender, M.D., assistant clinical professor, presented "Neonatal Emergencies," "Bacterial Sepsis in the Neonate," "Persistent Fetal Circulation," "Interpretation of Chest X Rays," "Meconium Aspiration Syndrome," and "An Overview of Neonatal Respiratory Problems" at the Joint Township District Memorial Hospital, Saint Mary's, Ohio, November 7 and 14, 1985. Dr. Bender presented "Effects of Drugs and Alcohol on the Fetus" at Community Hospital, Springfield, November 25, 1985.

W. Cameron Chumlea, Ph.D., Fels associate professor, presented "Anthropometric Nutritional Assessment" to the Department of Medicine, Pritzker School of Medicine, University of Chicago, November 4, 1985. Dr. Chumlea served on the Consensus Conference Committee and presented "Methods of Nutritional Anthropometric



Alex F. Roche, M.D., Ph.D.

Assessment for Special Groups" at the Anthropometric Standardization Conference, Airlie, Virginia, October 28-30, 1985. He was appointed to the editorial board of the *International Journal of Obesity*, 1985. Dr. Chumlea and **Alex F. Roche, M.D., Ph.D.**, Fels professor of pediatrics and obstetrics and gynecology, published "Nutritional Assessment of the Elderly by Recumbent Anthropometric Methods" in *Nutrition, Immunity and Illness in the Elderly* (1985).

Sherry E. Courtney, M.D., associate clinical professor, presented "Neurological Complications at Birth and Their Follow-Up" at the Community Hospital, Springfield, November 25, 1985.

Seth W. Malin, M.D., assistant clinical professor, presented "Resuscitation and Stabilization of the Asphyxiated Newborn" at

the Community Hospital, Springfield, November 25, 1985.

Stephen L. Newman, M.D., associate professor of pediatrics and director of the Division of Gastroenterology and Nutritional Support at The Children's Medical Center, published "Clinical Assessment of Adipose Tissue in Youth" in *Body-Composition Assessments in Youth and Adults* (1985). Dr. Newman and **Julie Lindahl, M.D.**, assistant professor, published "Chronic Granulomatous Disease: A Model for Gastrointestinal Manifestations of Immunodeficiency" in *The Journal of Clinical Gastroenterology* (December 1985).

Alex F. Roche, M.D., Ph.D., D.Sc., F.R.A.C.P., Fels professor of pediatrics and obstetrics and gynecology and head of the Division of Human Biology in pediatrics and obstetrics and gynecology, presented "The Dissemination of Information," "Nutritional Status," "The Measurement of Adults Including the Elderly Who Are Not Handicapped," "The Design of the Reference Manual," "Skinfold Measurement Technique," "The Measurement of Weight," "Interpreting Anthropometric Data," "Description of Samples," and "The Measurement of Stature" at the Anthropometric Standardization Conference, Airlie, Virginia, October 1985. He also served as cochair of the conference. Dr. Roche published "New Approaches to Clinical Assessment of Adipose Tissue" in the *Proceedings of the Sixth Ross Conference on Medical Research* (1985), "Norms of the Apparent Width of the Knee Joint: Useful Measures in the Evaluation of Children with Juvenile Arthritis" in the *American Journal of Roentgen* (1985), "A Method of Constructing an Index of Obesity" in *Human Biology* (1985), "Summary of a Report on Assessment of the Iron Nutritional Status of the United States Population" in the *American Journal of Clinical Nutrition* (1985), "Subcutaneous Fatness and Stature: Relationships from Infancy to Adulthood" in the *Proceedings of the IVth International Congress of Auxology* (June 1985); and "Growth in Recumbent Length During Infancy with Relationships to Adult Status and Familial Associations of the Estimated Parameters of Fitted Curves" in *Human Biology* (1985). Dr. Roche presented "Population Methods: Anthropometry or Estimations" at the Euro-Nut Workshop on Body Composition and Fat Patterning, London, December 12, 1985.

Postgraduate Medicine and Continuing Education

Ronald Markert, Ph.D., associate professor and head of evaluation consultation services, presented "Efficient and Effective Reading of the Medical Literature" at the Northeast Regional meeting of the Society of Teachers of Family Medicine, Dayton, October 1985.

Psychiatry

Arnold Allen, M.D., professor and chair, was an examiner for the American Board of Psychiatry and Neurology, Chicago, November 17-19, 1985.

Joan Barron, M.N., assistant clinical professor of psychiatry and clinical psychiatry specialist at the Dayton Veterans Administration Medical Center, was reelected secretary of the Psychiatric and Mental Health Nursing Practice Assembly of the Ohio Nurses Association at the seventy-second convention of ONA, Columbus, October 13, 1985.

Robert Fornal, M.D., junior resident instructor, was selected for an Association for Academic Psychiatry (AAP) fellowship for 1986. Dr. Fornal is one of five psychiatry residents nationwide to be selected for an AAP fellowship, which recognizes the resident's long-term goal of a teaching career in psychiatry.

Abraham Heller, M.D., professor and vice-chair of psychiatry and professor of community medicine, and **Marshall Kapp, J.D., M.P.H.**, associate professor of medicine in society, presented "Legal Definition of Mental Illness in Involuntary Hospitalization—A Survey of All State Statutes" at the American Academy of Psychiatry and the Law, Albuquerque, October 10, 1985. Dr. Heller presented "Unemployment Effects Upon Selected Mortality Rates" at the Study Group on the Economy, Unemployment and Health, Committee on Health Sciences Research, Medical Care Section of the American Public Health Association, Washington, D.C., November 16, 1985.

John Lacey, Ph.D., Fels professor emeritus, and **Beatrice Lacey, M.A.**, Fels professor, were corecipients of the Psychological Science Gold Medal Award, which was given in recognition of distinguished



John Lacey, Ph.D.

careers and long records of scholarly accomplishment in psychological science. The award was presented by the American Psychological Foundation at the annual convention of the American Psychological Association, Los Angeles, August 25, 1985. Dr. Lacey advanced from chair-elect to chair of Section J (Psychology) of the American Association for Advancement of Science (AAAS) in 1985. He was a discussant at the symposium, "Facial Expression and the Physiology of Emotion," at the AAAS annual convention, Los Angeles, May 27-June 1, 1985. Dr. Lacey published "The Visceral Systems in Psychology" in *A Century of Psychology as Science* (1985).

Paul Rodenhauser, M.D., associate professor and director of the Integrated Psychiatry Residency Training Program, was an examiner for the American Board of Psychiatry and Neurology, Chicago, November 17-19, 1985. Dr. Rodenhauser was awarded the Ohio Psychiatric Association President's Award, October 1985. Dr. Rodenhauser, **John Rudisill, Ph.D.**, associate professor of family practice and psychiatry, and **Albert Painter, Psy.D.**, instructor of family practice and postgraduate medicine and continuing education, published "An Instructional Skills Workshop for Psychiatry Residents" in the *Journal of Psychiatric Education* (Winter 1985). Dr. Rodenhauser presented "Drug Treatment Refusal in a Forensic Hospital Setting: Part II" at the American Academy of



Beatrice Lacey, M.A.

Psychiatry and the Law convention, Albuquerque, October 10, 1985. Dr. Rodenhauser presented "The Basics of Group Dynamics" at the Trainees/Victim Support Resources Session, Wright State University, September 15 and 22, 1985. He received nomination for president of the Ohio Psychiatric Association, December 8, 1985.

Randy Sansone, M.D., assistant clinical professor, completed the 1985 examination of the American Board of Psychiatry and Neurology, April 1985.

Richard Scibetta, M.D., associate professor of psychiatry and coordinator of Medical Student Mental Health, was faculty adviser for Victim Support Resources, a program sponsored and operated by students of the School of Medicine and the School of Professional Psychology, September 15 and 22, 1985.

Lester Sontag, M.D., was appointed Fels clinical professor emeritus, January 1986.

Radiological Sciences

Charles Colbert, Ph.D., associate clinical professor, coauthored "The Effect of CAPD on Phalangeal Bone Mineral Density" in *Peritoneal Dialysis Bulletin* (July-September 1984); "The Effect of CAPD on Phalangeal Bone Mineral Density: Part II" in *Advances in Continuous Ambulatory Peritoneal Dialysis* (1985); "Hand X Rays Provide Early



Gerald J. Gelford, M.D.

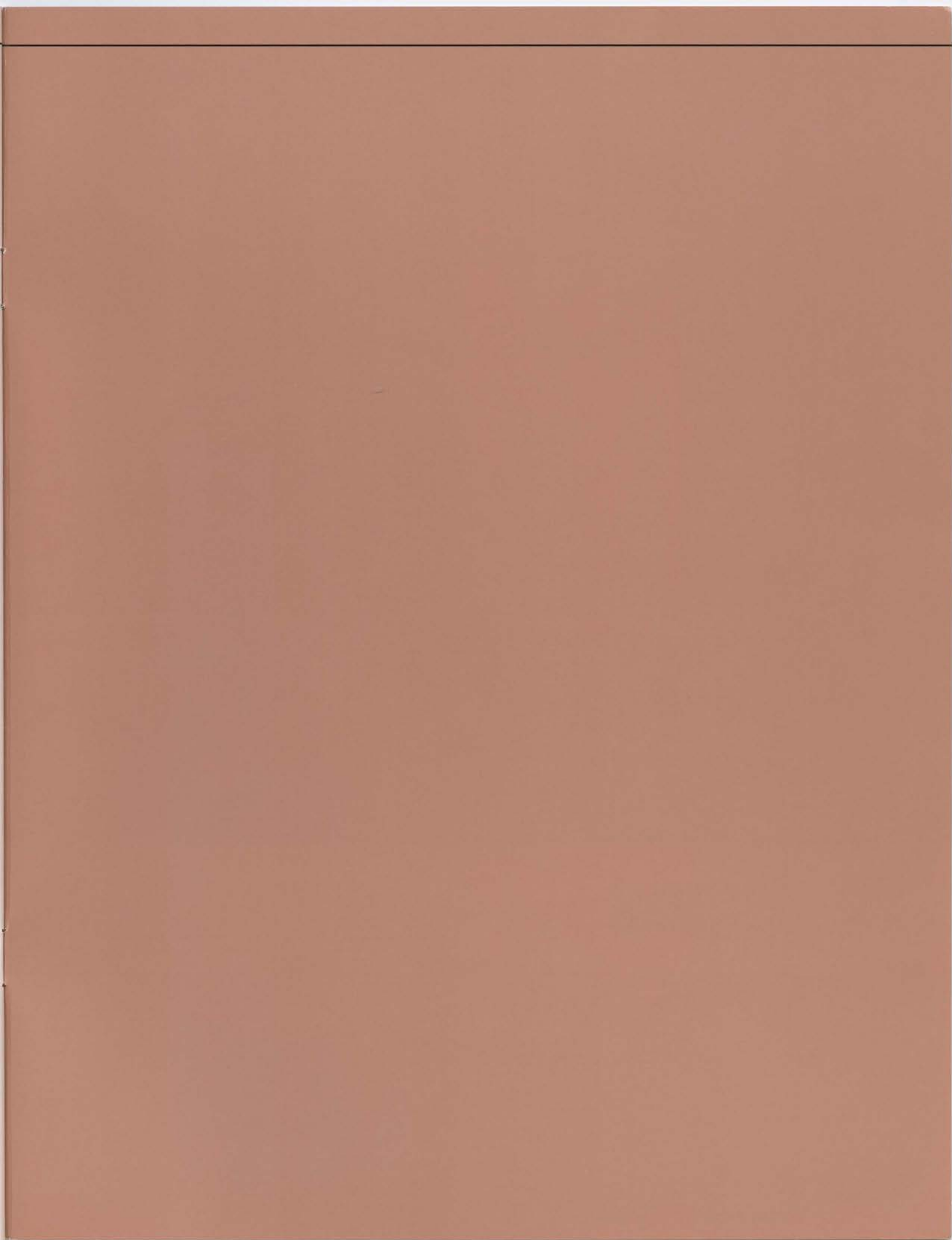
Detection of Bone Mineral Loss of Postmenopausal Osteoporosis and Kidney Disease" in *MA Journal* (July 1985); and "Bone Mineral Measurement" in *Medical Electronics* (June 1985).

Norman A. Flaxman, D.M.D., F.A.G.D., assistant clinical professor and chief of Dental Services at the Dayton Veterans Administration Medical Center, published "Autoradiography Utilizing a Different Radioisotope" in *The Family Dentist* (1985), and "Common Laboratory Test, Values, and Interpretations" in *Special Care in Dentistry* (November-December 1985).

Gerald Gelford, M.D., clinical professor, was presented with the 1986 Roentgen Award of the Department of Radiological Sciences. The award recognizes excellence in the teaching of radiology.

Surgery

Laszlo Posevitz, D.O., clinical instructor, published "Acute Post-Traumatic Fusiform Aneurysm of the Proximal Left Internal Carotid Artery: A Case Report" and "Brachial Artery Transection After Closed Elbow Dislocation, A Case Report and Review of the Literature" in *Vascular Surgery* (July-August 1985). Dr. Posevitz was certified in thoracic and cardiovascular surgery by the American College of Osteopathic Surgeons, August 1985.



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